

SHINE THE LIGHT - APPLICATION FORM

Please Send Applications to: SHINE THE LIGHT, 146 Provencher Blvd, Winnipeg, MB. R2H 0G3 OR Fax To: 204-947-9954

Please fill out all of the sections of this form that apply to you. Once we receive and process your application, a welcome email will be sent to you. Applications are accepted on a first-to-apply basis.

Section One: Personal Information

Full Name (as it appears on your passport): Title: *please circle one* (Master / Miss / Mr / Mrs / Miss)

First Name _____ Middle Name _____ Last Name _____

Preferred Name if different from your passport: _____

Passport Number (required before the time of departure): _____

Birthdate: _____ Age: _____

Gender: _____

T Shirt Size: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____ Country: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____

Participant's Email Address: _____

(By default, you will be signed up for our newsletters. Please check here to opt out of this opportunity)

Parent / Guardian Name(s): (if applicable) _____

Why do you want to participant on this missions trip? _____

Section Two: Dietary Restrictions

STLI does their best to accommodate all dietary restrictions, although when traveling in a foreign country, sometimes this can be complicated. It is recommended to bring other food options with you if we can not always meet your requirements. Vegetarians, the types of proteins that are provided in our destinations are beans, eggs and cheese. Please outline in detail any dietary restrictions or preferences you have. Please understand that we do our best to accommodate all requests for special diets, however sometimes the options in developing countries are limited.

Section Three: Roommate Request (If any)

Section Four: Emergency Contact Information

Name: _____ Email Address: _____

Relationship to the Applicant: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Section Five: Medical Information

For your health and safety it is very important that you are honest with us regarding any health conditions. All health records are confidential.

Also, from now until your trip starts, if your state of health changes please notify our office promptly.

Provincial Health Card #(required to attend) _____

Medical Conditions (Please check one): Yes None

If yes, circle all that apply. Conditions that are in bold must be accompanied with a doctor's permission note to participate

ADD / ADHD	Arthritis	Hypothyroidism	Hypotension
Kidney Disease	Depression	Motion Sickness	Heart Disease
Diabetes	Hypertension	Pregnancy	IBS / Crohns
Epilepsy	Hypoglycemia	Tuberculosis	Back Injury
Headaches / Migraines	Asthma	Hemophilia	Hepatitis

Other:

Please explain any limitations or required treatment(s) to the above conditions:

Allergies (Please check one): Yes No known allergies

If yes, list all known allergies in the space provided. If you have a life threatening allergy, it is recommended you carry an Epi-Pen and wear a Medic - Alert bracelet. **Please list the allergies, symptoms and treatments indicated below:**

Are you currently taking any medications? (Please check one): Yes No

If yes, list below. **Please list the name of the drug and the reason for taking the medication:**

NOTE: Make sure you bring all necessary medications for the duration of the trip and have them stored in their original containers.

Suggested Immunizations: We suggest that you visit your family physician or travel clinic at least six weeks before the STLI trip to ensure all immunizations are up to date. The immunizations listed below are current at the time of editing and are subject to change. Please circle or check all vaccinations you have received. If you have not had the Varicella vaccine, but you have had chicken pox, you may circle or check that one as well. If you are not able to circle or check all of the above, you **must** sign one of the waivers below.

- | | | |
|---|--|---|
| <input type="checkbox"/> All suggested Immunizations are up to date | <input type="checkbox"/> IPV (Polio) | <input type="checkbox"/> TD (Tetanus / Diphtheria) |
| <input type="checkbox"/> Varicella (or history of Chicken Pox) | <input type="checkbox"/> MMR (Measles / Mumps / Rubella) | <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B |

If you are under eighteen years of age and your immunizations are incomplete, please have your parent/legal guardian sign the following waiver.

I recognize that my child's immunizations are not up to date at this time. In the event that immunizations are not up to date by the commencement of the trip, I release Shine the Light Initiative from any lawsuit or liability claim that may come as a result of not being immunized.

Signature of Parent / Legal Guardian: _____ Date: _____

If you are 18 years of age or older and your immunizations are incomplete, please sign the following waiver:

I recognize that my immunizations are not up to date at this time. In the event that immunizations are not up to date by the commencement of the trip, I release Shine the Light Initiative from any lawsuit or liability claim that may come as a result of not being immunized.

Signature: _____ Date: _____

Section Six: Personal References

If you are **eighteen years** of age or older (before the commencement date of the mission), you are required to submit two personal references. Both references must have known you for at least two years and must not be a family member.

1. Name: _____ Relationship: _____

Phone Number: _____ Email Address: _____

2. Name: _____ Relationship: _____

Phone Number: _____ Email Address: _____

Section Seven: Trip Interruption and Cancellation Insurance

Please note that Trip Interruption and Cancellation Insurance is not included or an option with STLI. Please refer to our Refund Policy for our specific requirements for refunding monies paid towards this trip. All participants who wish to purchase Trip Interruption or Cancellation Insurance must do so with the airlines directly.

Section Eight: Participant Agreements

1. I will attend all project activities.
2. I will not leave the project site or accommodations unaccompanied or without notifying a member of STLI.
3. I will not display any non-participatory or anti-social behavior.
4. I understand that the use of alcohol resulting in intoxication will not be tolerated.
5. I will not be found in possession or use of illegal drugs.
6. I will not engage in any form of sexual misconduct.
7. I will display an attitude of respect to the other participants and those placed in authority over me.
8. I understand that throughout this trip, photographs and video footage may be taken of me during project activities. These videos/photos are property of STLI and may be used for promotional and/or educational purposes.
9. I understand that if I would like travel insurance (including cancellation insurance and medical insurance) I need to contact Brent ASAP so he can include this for me at time of booking. (more information on Westjet insurance see <http://www.westjet.com/guest/en/travel-insurance/>)
10. In the event of outstanding payments, STLI reserves the right to cancel my participation with no refund. I understand and agree to all of the conditions listed above. I understand that not adhering to the above standards will result in losing the privilege of participating in this trip and I will be required to leave the program at my own expense and risk.

Signature: _____ Date: _____

Parent / Guardian Consent for participants under the age of 18:

As the Parent / Guardian of _____, I agree that STLI is not responsible for my child and that minors are only allowed on trips with STLI as long as they are accompanied by one or both of their parents.

Signature of Parent: _____ Date: _____

Section Nine: Work Experience

Please indicate below what type of work you believe you would like to do on the trip. (ie: dental, medical, teaching, building, etc...)

Section Ten: Refund Policy

1. Donations are NON-REFUNDABLE.
2. All requests for refund must be forwarded to STLI in writing.
3. Up to 100% of trip fees will be refunded until **three months prior to departure.**
4. Up to 50% of trip fees will be refunded until **one month prior to departure.**
5. After **2 weeks prior to departure**, no refunds will be given except for extreme circumstances such as death or severe illness/injury resulting in the individual being unable to participate. In such cases, up to 80% of trip fees may be refunded. Requests for refund must be accompanied by a death certificate or a doctor's note.
6. Trip fees cannot be forwarded towards a future trip with STLI.
7. Trip fees cannot be transferred to another participant.

I have read the above refund policy and understand it completely: _____

(Signature of Parent/Guardian or Participant if over 18 years old)

SHINE THE LIGHT - PAYMENT AND DONATION FORM

Participant Name: _____ Date: _____

What type of funds are these?

Direct Payment (non-tax receiptable) These payments are not tax receiptable and are refundable within the trip's refund schedule (see application or invoice). In case of emergency, up to 80% of your trip's payments can be refunded at the discretion of STLI Donation This is a donation (from you or a 3rd party) that is eligible for a Canadian donation receipt for income tax purposes. According to charity law, a donation is a voluntary transfer of property without valuable consideration to the donor; **donors cannot choose the beneficiaries of their donations, and a charity must have full discretion in deciding how to allocate its funds.** STLI Participants are not the beneficiaries of this charitable program, they are volunteers that carry out the humanitarian work. Therefore **any donations** raised by a participant volunteer will be allocated, upon approval from our Board of Directors, towards a fund that subsidizes expenses (fees) of all participant volunteers (**if writing a cheque you must simply write 'donation' in the memo field. Allocated funds are NOT eligible for tax receipts.**) What this means is that all **donations are 100% non-refundable.** In event of any cancellation, funds will instead be allocated towards other charitable programs. Tax receipts will be issued for donations of \$20 or more. Tax receipts to be issued by February 28th of the following year. Donations from fundraising sales/events or direct proceeds from the sale of goods or services (ex. charity auctions, dinner tickets, book sales, etc) are NOT eligible for a charitable tax receipt, and are 100% non-refundable.

TRIP DATE: MONTH _____, YEAR _____ Amount raised: _____

Payee or Donor Name: _____

Please note that a tax receipt can only be issued in a single name or business name

If *donation*, would the donor like a charitable tax receipt Yes No

Save a tree...Send your tax receipt by email? Yes No

Address: _____
street city province postal code

Email Address: _____ Phone Number: _____

Amount: \$ _____

Method: (note that there is a 3% surcharge for credit cards): Cheque Cash Money Order

Grouped together with other donations, and sent as one cheque/money order # _____

Credit Card: Type _____ Visa / MC Card Number: _____ Expiry Date: _____

Name on the Card: _____ Signature: _____

Signature of STLI Participant

Signature of Donor (if applicable)

EACH payment or donation **MUST BE** accompanied by this form. It is the responsibility of the Participant to ensure this form is forwarded to our office. Please make all cheques out to: Shine the Light